

**EXPENSE REPORT
(Request for Reimbursement)
Oregon State Grange**

Name: _____ Date: _____

Address (include city & zip): _____

Phone: _____ Email: _____

Date of Meeting(s)/Event(s): _____

Location(s) of Meeting(s)/Event(s): _____

Mileage: From _____ To _____
 From _____ To _____
 From _____ To _____

*Office Codes: Do Not
Write In Spaces Below*

Total Mileage _____ @ \$.22 per mile	\$ _____	_____
Lodging (receipts required)	\$ _____	_____
Meals (receipts required)	\$ _____	_____
Telephone (receipts required)	\$ _____	_____
Postage (receipts required)	\$ _____	_____
Other (please list below and include receipts)	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total:	\$ _____	_____
Less Advancement:	\$ _____	_____
Total to be Reimbursed:	\$ _____	_____

DO NOT FORGET TO INCLUDE RECEIPTS

Report of Meeting (use back or separate page if necessary) _____

Requested By: _____ Office Held: _____

Master's Signature for Approval: _____ Date: _____

Mail to: Master, Oregon State Grange, 643 Union St NE, Salem OR 97301 – 503-316-0106